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Case report

A forensic case of Munchausen's syndrome

Gulsin Canogulları (Forensic Physician) [a], Emel Ulupinar (Associate Professor) [b], Muharrem Teyin (Forensic Physician) [a], Yasemin Balci (Professor) [a,*]

[a] *Department of Forensic Medicine, Faculty of Medicine, Eskisehir Osmangazi University, Meselik Kampusu, 26480 Eskisehir, Turkey*
[b] *Department of Anatomy, Faculty of Medicine, Eskisehir Osmangazi University, Eskisehir, Turkey*

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Abstract

The case of a 37-year-old cleaning worker, who applied to the court with a claim of being fired from her job due to permanent functional loss of her left arm triggered by a stroke following a work accident, is presented. The court has forwarded the case to the forensic medicine department for further evaluation and documentation of the judicial report.

Examination of the medical files has revealed that the person applied to our and other hospitals with various symptoms simulating urologic, neurological, musculoskeletal, cardiovascular, and pulmonary disorders. The person had been hospitalized for extensive, costly, and often invasive medical examinations and/or treatment, and deceived the physicians into carry out unnecessary diagnostic procedures. No objective signs or evidence related to a work accident or stroke was obtained from the medical records. She has been followed up with the diagnosis of lymphangitis, thrombophlebitis and repeated cellulities since 2001, and the infection had been caused by intentional insertion of glass pieces into her left arm. The reason why she was unable to use her left arm was because of contraction related to the repeated soft tissue infection rather than the claimed work accident.

This case was not only trying the medical personnel to make errors and confusion, but also attempting to mislead the judgment. Therefore, in forensic cases, medical history of patient must be evaluated carefully.

Keywords: Munchausen's syndrome; Forensic medicine; Thrombophlebitis; Lymphangitis; Multiple symptoms

1. Introduction

Following the initial description by Asher in 1951, Munchausen's syndrome has become increasingly recognized as a fictitious disorder; characterized by recurrent simulated illness, pathological lying and continuing visits to health institutions[1]. This syndrome is associated with co-morbid borderline and/or antisocial personality disorder and it can threaten the life of an individual[2].

Among the psychiatric syndromes associated with multiple physical complaints, somatization disorder, factitious disorder and malingering should be considered[3]. However, conscious production of painful and risky symptoms for no material gain distinguishes Munchausen's syndrome from others. Few forensic cases with this syndrome were found in the literature[4–7]. Here, we present a case of Munchausen's syndrome ending up in the court as a subject of litigation.

2. Case report

A 37-year-old female cleaning worker, applied to the police and the court on 3 February 2003 and 24 October 2004, respectively. She stated that while she was going to another building at her workplace on 31 January 2003, at 15:45 p.m. an iron bar (she later stated that it might be a metal or wooden piece) which fell from the roof due to the windy weather hit her face, but nobody was witness

* Corresponding author. Tel.: +90 222 239 2979x4483; fax: +90 222 229 0170.
E-mail address: ybalci@ogu.edu.tr (Y. Balci).

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to the accident. She consulted the medical unit of the workplace; however, since her pain did not pass off, she went to the emergency service of the state hospital 3 days later. She then applied to the court 8 months later to demand compensation from her employer related to a work accident. In her declaration she said that on 28 September 2004, while she was working, she did not feel well and got permission from her employer to home to rest. However, when she arrived home, she lost her balance, fell down and broke her arm.

She did not seek to any medical attention but her alleged that the doctor, who saw her after the previous work accident, on 3 February 2003, told her that ''she might have a stroke later on'' and now, she actually did have a stroke.

Table 1
The chronological order of applied clinics and procedures

Applied clinic	Date	Complaining	Diagnostic and therapeutic procedures
Urology	09.09.1992	Left lumbar pain, vomiting, nausea, fever, tremor and hematuria	Urine analysis was normal. Aside resistance bacterium was negative, abdominal ultrasonography and intra venous pyelography was normal
	09.09.1994	Pain in the left lumbar region	Abdominal and renal ultrasonographies were normal
	28.11.2001	Painless, urinary bleeding with clots	Urodynamic investigations were normal
Thoracic and cardiovascular surgery	04.05.2001	Pain and swelling in the left arm. History of paraplegia, 5 years ago. Crying crisis at nights, severe cough, respiratory distress and dizziness	The image of a needle in posterior–anterior radiography. Psychiatric consultation. CT scans was normal. Medical treatment of deep vein thrombosis
	18.05.2001	Pain in the left arm	Medical treatment for thrombophlebitis and lymphangitis
State Hospital	24.04.2003	Pain and swelling in the arm	Medical treatment of cellulites due to the glass penetration into the arm
Chest diseases	08.05.2003	Fatigue, fever, sweating and severe coughs 2.5 glasses of bloody sputum 1 day ago	Chest X-rays were normal, but a subcutaneous foreign body in the shape of a needle was detected under the right breast (Fig. 1)
		History of tuberculosis treatment for 1 year and termination of the therapy due to the complication of toxic hepatitis	In three samples of sputum, aside resistance bacterium was negative. Tuberculin test was negative
Clinical infection diseases	22.05.2003	Persistent swelling in the left arm	Medical treatment of thrombophlebitis
		Bloody urination	Microscopic urine examination was normal. Abdominal USG was normal
		Fatigue, bloody urine, suprapubic pain, nausea, vomiting, bloody sputum, hemoptysis	Ear–nose–throat consultation was normal, but gingival irritation by patient was recognized
		Swelling and irritation from the left cheek towards the eye and shortness of breath	Steroid therapy was started with the suspicion of laryngeal edema. Venous Doppler USG was normal
Dermatology	09.11.2003	Pain and swelling in right arm	Medical treatment of cellulites
		History of broken right arm. Hardening and pain below umbilical region and bloody urination	Orthopedic consultation and radiographic examinations were normal, except for an old fracture in the styloid process of the ulna. Nephrology, urology consultations and abdominal radiographies, USG were normal. Urine analysis, complete blood chemistry panel, and other laboratory tests repeated three times but were always negative
Emergency medicine	03.05.2004	Hemoptysis for 10 days	All detailed examinations and a number of consultations were normal
Istanbul thoracic and cardiovascular surgery	21.05.2004	Hemoptysis	High resolution CT scan of thorax was normal
Nephrology	07.06.2004	Hematuria	Abdominal USG and IVP, urine analysis, IgA level were normal

Although she was not a claimant at the beginning, she became a claimant later because she lost her job on 10 October 2004, due to complications related to the previous work accident.

The court then referred this case to our Forensic Medicine Department for further evaluation of the presence of a life-threatening condition, functional incapacitation, and whether she lasted from her ordinary pursuits or not.

Table 2
The number of investigation and procedures between May 2001 and December 2004

Procedures	Number
Hospitalizations	
Thoracic and cardiovascular surgery (2), urology, chest diseases, clinical infection diseases, dermatology, nephrology	7
Consultations and examinations	
Thoracic and cardiovascular surgery (3), urology (2), chest diseases (4), clinical infection diseases (4), dermatology (2), nephrology (2), psychiatry (3), ear–nose–throat (2), neurology (1), neurosurgery (1), gastroenterology (1), orthopedics (1), internal medicine (1)	28
Radio-diagnostic investigations	
CT (3), HRCT (1), X-rays (32), IVP (3), three venous doppler USG (3), abdominal and renal USG (4), urodynamical investigations (4)	50
Biochemical analyses	
Routine blood and urine analyses (41), blood, urine and feces cultures (4), ARB investigations of urine and sputum samples (11), special blood tests (serologic, hormonal, markers of tumor, electrophoresis etc.) (25)	81

Following a detailed examination of her medical files, it has been understood that she first applied to our University Clinic in September 1992, and then she kept applying to various clinics with multiple different symptoms. The chronological orders of these visits, her complaining and diagnostic procedures are summarized in Table 1. The number of investigations indicating type of clinical workload undertaken by various departments between May 2001 and December 2004 has been shown in Table 2 (Fig. 1). Examination of forensic reports related to this case:

01.02.2003 dated report of State Hospital: She first applied with the history of falling and referred to orthopedics clinic.

03.02.2003 dated report from the District Hospital: In physical examination, there was a swelling and bruise around the left zygomatic region, but no crepitation around maxillar and mandibular region. Therefore, they were suspected from left zygomatic bone fracture.

24.03.2003 dated report of the forensic physician from Council of Forensic Medicine: Based on previous reports, the earlier radiographies were requested from the district hospital with the suspicion of zygomatic bone fracture, but no radiographies were found.

26.10.2004 dated examination in the department of forensic medicine at University hospital:

The patient complained from numbness in the left arm, eating and swallowing difficulties, sometimes remaining motionless, not realizing even a pinch, speech troubles, and squeezing feeling in her heart and pain from the left shoulder to the left arm. On examination, she alleged that she lost the power, movement capacity and sensation of the left arm after the accident. Medical file examination of the patient revealed a number of different hospitalization

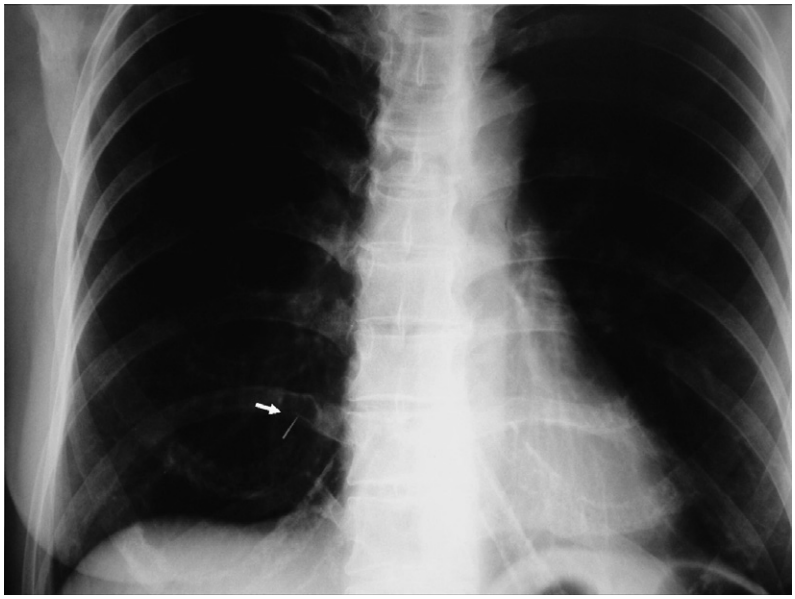

Fig. 1. Normal chest radiograph showing a self-penetrated foreign body (needle) in the right breast region.

records from various departments of the University hospital at different times.

There were a total of 32 radiographs from chest, lumbar, abdominal, extremity regions and three CT scans from brain and thorax region. However, no information or radiographs of the face or head regions were found concerning the accident. Since conflicting dates about the exact date of the accident were present among different documents; a definite date of occurrence was requested from the judge. Finally, report given by forensic medicine department on the date of 03.12.2004 is as follows:

Despite the previous reports, no medical evidence related to her complaining was obtained from the medical files of the patient. Following the detailed examination of the present medical records; the complaining and symptoms of the patients were not found related to the accident. It was decided that hematom and bruises located in the zygomatic region of the patient do not threaten her life, do not cause a functional incapacitation, and cause 7 days lasting from her ordinary pursuits.

In the light of judicial authority report, the court decision denied the claim of subject and no compensation liability was required from the employer.

3. Discussion

As in the case presented here, patients with Munchausen's syndrome are characterized by dramatic and demanding style of presentation, vague medical histories full of inconsistencies, medical sophistication about fabricated symptoms, numerous hospital admissions from various clinics; but failure to allow access to obtain records from prior hospitalization. Although there was no specific study reporting the prevalence of factitious disorders, its prevalence is underestimated due to the difficulties in diagnosis and/or differential diagnosis of these illnesses. Unlike patients with somatoform disorders, patients with factitious disorders intentionally feign or produce physical symptoms[8]. Distinguishing between true factitious disorders (Munchausen's syndrome) and malingering, on the other hand, is determined by the motivation for deceit[9]. While assuming the ''patient role'' motivates the patient with Munchausen's syndrome; external gain, such as money, drugs, shelter, social security, avoidance of work or compulsory service, motivates the malingerer. Therefore, in contrast to malingering, presentation of cases with Munchausen's syndrome as a major topic in the forensic scenery is fairly rare[10,11]. Especially in cases referred to the civil legal system with the demand of compensation, differentiation of factitious disorders might be critical in the judgment process. As a matter of fact, our case might be an example of such complex situation, with her past medical history and compensation request. Since these patients are frequently exceptionally demanding about invasive or non-invasive diagnostic procedures and medication, fear of uncovering their health insurance might motivate them for applying to the court. Patients with Munchausen's syndrome may harm themselves to produce the sick role and receive attention, or might be ill enough to be at risk of death. Therefore, in the course of their illness, they might accuse hospital staff and cause significant distress among them or even be the subject of a malpractice case. Not only the majority of attorneys and judges but also most physicians or hospital personnel may not be familiar with these exceptional cases in daily practice. The extraordinary ability of these patients in blurring boundaries and creating conflicts is noteworthy. In our case, even the determination of the true date of accident was only accomplished after a series of legal correspondence, lasting almost 2 months. Thus, a multidisciplinary approach is important and psychiatric consultants play a key role in informing legal and medical personnel about factitious disorders. Early diagnosis is crucial for preventing high health care costs, further self-harm, and facing ethical and legal consideration. In the present case, in about half and three years, there were at least seven periods of hospitalization, 28 consultations, three CT, one HRCT, 32 X-rays, 41 blood and 19 urine analyses, three IVP, one systoscopy, three venous doppler USG, four abdominal USG, two blood transfusion, four blood, urine and feces cultures, 11 ARB investigations of urine and sputum samples, 25 special blood tests (serologic, hormonal, markers of tumor, electrophoresis etc), three urodynamical investigations (systogram, pressure flow study etc.) were done in our hospital alone. In the meantime, at least 44 different medications have been prescribed to the patient. In addition, it was not known whether her previous operations such as appendectomy, nephrectomy, tube ligation, meniscus and varicose vein were made with a true indication or not.

This case highlights the importance of comprehensive medical file examination while approaching cases with factitious disorders. Forensic physicians should bear these cases in mind, and carefully consider the case impartially without overlooking the present physical conditions or dismissing all complaints as factitious. Moreover, these patients have a risk of doing harm to their children as part of their fabrication. Bools et al. reported that, in a series of Munchausen syndrome by proxy, 34 mothers out of 47 had a history of factitious or somatoform disorders[12]. Therefore, in the management of this disorder, the first step must be always suspicion, and once the diagnosis has been made, an extensive team work is required to minimize possible medical, social and legal damages.

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